

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

## CANDIDATE COMMITTEE COVER PAGE

## FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Stateme	nt covers From: GA	100	15/21/50	<del>,                                     </del>	
Committee I.D. Number	4. Gandidate I	and Marris	1/00 to _	10/2/10	<u> </u>	
138080	Ball	ev	First Name		M.I.	
2. Committee Name	4a. Office Sought including District # or Community Served (if applicable)					
CTE Alisha Mi Parker	Macom	b County (	charter	Comm	LS81674 18717	
5. Committee's Mailing Address	4b. County of Residence VRUCONCb.					
75 SCOTT BIVE	6. Treasurer's N	ame & Residential Addres	<b>.</b>			
Miller GRINEIS, MI 48043	31843 La Sulk					
Area Code and Phone 2005 1-8977	TUSK MINO, INT 4-XLOCA COMPANY			400404		
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	Area Code & Phone (586) 445-0304			LE.I		
7. Treasurer's Business Address	8. Designated R Designated Rec	ecord keeper's Name and ord keeper)	i Mailing Address (	If the committee I	126 a	
	Muddue Turner.					
	17183	menyuro	dher			
	Clerry	Tup My	48038	1		
Area Code and Phone	Area Code and I	thone (584)	15-496	14		
9. TYPE OF STATEMENT					· · · · · · · · · · · · · · · · · · ·	
9a. Pre-Election OR 9b. Post-Election 9c. Annual Statement ( 2008 Coverage Year)						
Pre-Election or Post-Election Statement relates to:		9d. Amendment to or 9e to indicate	Campaign Stateme which Statement i	int (Complete Iten is being amended	n 9a, 9b, 9c )	
Primary General		9e. Dissolution of C	andidate Committe	<b>e</b>		
Convention		Effective Date of Dissolution				
Special Cauc	<u> </u>	<del></del>	<del></del> _			
Date of Election, Convention or Caucus	By checking this item, IN outstanding debts, include the dissolution cannot be the Reporting Walver.	ding late filino fees.	. Further, I/Me re-	nuest that if		
<u> </u>		Note: The disposition of	residual funds mus	t be reported on s	Schedule	
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold for any of the information listed in items 2, 4, 5, 8, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an before the filling deadline of a required campaign statement, that campaign statement cannot be waived.						
Defore the filling deadline of a required campaign statement, that campaign statement cannot be walved.						
10. Verification: IWe certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.						
Current Treasurer or Designated Record keeper MICHELE T, RAGER MCCULL ROOM 3/5/19						
Type or Print Name Signisture:						
Candidate AISHU M. Bules, Wishing Date 215/09						
Type or Print Name Signature / Authority granted under P.A. 388 of 1976						



RECEIPTS

3. Contributions

a. Itemized (Schedule 1A - Column 6)

4. Other Receipts (Schedule 1A -1, Column 6)

IN-KIND CONTRIBUTIONS & EXPENDITURES

6. In-Kind Contributions (Schedule 1-IK, Column 7)

7. In-Kind Expenditures (Schedule 1B-IK, Column 6)

a. Itemized (Schedule 1B, Column 6)

b. Itemized Get-Out-the-Vote (Schedule 1B-G)

INCIDENTAL EXPENSE DISBURSEMENTS

a. Itemized (Schedule 1C, Column 6)

a. Owed by the Committee (Schedule 1E)b. Owed to the Committee (Schedule 1E)

(Enter zero if no previous reports have been filed.)

(Add Line 10a + Line 10b)

DEBTS AND OBLIGATIONS
12. Debts and Obligations

13. Ending Balance of last report filed

15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period

(Subtract line 16 from line 15)

(Add lines 9 and 11) 17. ENDING BALANCE

14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)

c. Unitemized (less than \$50.01 each - no Schedule)

9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)

b. Unitemized (less than \$50.01 each - no Schedule)
 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS

c. Subtotal of "Contributions"

(Add Line 3c + Line 4)

EXPENDITURES

8. Expenditures

(Officeholders Only)
10. Disbursements

b. Uniternized (less than \$20.01 each - no Schedule)

5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS

## MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

SUMMARY PAGE
CANDIDATE COMMITTEE
2. Committee Nam

1. Committee I.D. Number/380	80				
2. Committee Name CTE AISIUIN BUKER					
Column   This Period	Column II Cumulative this election cycle				
(3a.) \$ <u>0.00</u>					
(3b.) \$ NOT APPLICABLE	1000 00				
(3c.) \$ <u>Ur()</u>	(18.)\$ 900 · 00				
(4) \$ <u> </u>	(19.) \$ <u>0.00</u>				
	(20.) \$ 10/100				
(6) \$	(21.)\$ 11.85.39				
(7) s 0 00	(22)\$ 0:00				
$\Omega M$					
(8a.) \$ <u>(.)</u>					
(8b.) \$	-				
(9.) <b>s</b> 0.00	(23)5 900.00				
-					
n					
(10a.) \$					
(10b.)\$ <u>0.00</u>					
(11.) <b>s</b> <u>0.00</u>	(24.)\$_().00				
2 00					
(12a.) \$ <u>U·UU</u>					
(12b.) \$					
BALANCE STATEMENT (13.) \$					
(14.)+\$ 0.00					
(15.) = \$					
(16.)- <b>s</b>					